

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-048613

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 179 Primary Registration District No. 4287 Registrar's No. 172

FILED DEC 17 1963

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Troy		c. CITY OR TOWN Old Monroe	
Length of stay in 1b 2 months		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sunset Retirement Home		d. STREET ADDRESS Mary Knoll Community (If outside, give location)	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First LEO Middle FRANK Last BURKEMPER		4. DATE OF DEATH Dec. 5, 1963	
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Jan. 2-87
9. AGE (last birthday) 76		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian		10b. KIND OF BUSINESS OR INDUSTRY Catholic Church & Cemetery	
11. BIRTHPLACE (City and state or country) Old Monroe, Mo.		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME Frank H. Burkemper		13b. MOTHER'S MAIDEN NAME ? Fennemier	
14. NAME OF HUSBAND OR WIFE Gertrude (nee Loeffler)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv no	
16. SOCIAL SECURITY NO.		17. INFORMANT Joe Schulte- friend - Old Monroe, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial Ischemia DUE TO (c) Atherosclerosis		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Troy, Missouri	
20g. COUNTY		20h. STATE	
21. I attended the deceased from October 1963 to Dec. 1963 and last saw her/him alive on approx. just prior to death Death occurred at 5 pm on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Ronald M. Moyerman, MD (Degree or title)		22b. ADDRESS Troy, Missouri	
22c. DATE SIGNED 12/9/63		22d. DATE SIGNED (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 7, 1963	23c. NAME OF CEMETERY Immac. Conception	
23d. LOCATION (City, town, or county) Old Monroe, Mo.		23e. LOCATION (City, town, or county)	
24. FUNERAL DIRECTOR O'Garlan Ricks		25. DATE RECD. BY LOCAL REG. 12-11-1963	
26. REG. REGISTRAR'S SIGNATURE Charlotte Lick		26. REG. REGISTRAR'S SIGNATURE	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

JAN 2 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.